



Supportive Housing for Omaha Metro Area

Program and Financial Analysis

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www.csh.org



About the Corporation for Supportive Housing

CSH's Mission

The Corporation for Supportive Housing is a national nonprofit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness.

Where We Work

- National headquarters in New York City with other national staff in Arizona, California, Connecticut, Illinois, Minnesota, Ohio, Oregon, and the District of Columbia
- Local “hub” offices in Rhode Island, Connecticut, New York, New Jersey, Ohio, Indiana, Michigan, Illinois, Minnesota, California, Texas, and the District of Columbia/Maryland
- Targeted initiatives and consulting in other states and jurisdictions

CSH Products and Services

- Public policy reform and systems change on the national and local levels
- Housing development and support service technical assistance to partners in our Hubs and targeted areas
- Loans and grants to assist in the creation of supportive housing
- Consulting and training to strengthen the supportive housing industry and support systems change

Accomplishments

Since inception in 1991, CSH has:

- Raised over \$221 million from foundations, corporations, and government contracts to expand supportive housing nationwide.
- Leveraged \$6.15 billion in federal, state, and local public and private sector financing.
- Committed over \$200 million in targeted technical assistance, loans and grants to support the creation of 35,000 units of affordable and supportive housing.
- The units in operation have ended homelessness for at least 26,000 adults and children.

Supportive Housing's Role in Ending Homelessness

What is Supportive Housing?

A cost-effective combination of permanent affordable housing with services that helps people live more stable, productive lives.

Who is Supportive Housing For?

People who:

- Experience long-term homelessness
- Face persistent obstacles to maintaining housing, such as mental health issues, substance use issues, other chronic medical issues, and other challenges.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness
- Are being discharged from institutions and systems of care such as jails and hospitals
- Without housing, cannot access and make effective use of treatment and supportive services



Supportive Housing Types

- Buildings developed / rehabilitated as special needs housing
- Rent-subsidized apartments
- Mixed-income buildings
- Long-term set asides
- Single-family homes
- Master-leased buildings or units



Supportive Service Types

Include:

- Clinical
 - Mental health treatment, primary care, chemical dependency treatment
- Social
 - Case management, family support services, job and education support, income (SSI, SSDI) support, peer mentoring
- Residential
 - 24 hour desk support (sometimes), resident meetings, recreational and other “quality of life” services

Essential Features

- Safety and comfort; meets or exceeds codes and standards; attention to security issues
- Appropriate supportive services provided as part of the normal operations
- Services are accessible, flexible and target housing stability; may be both on-site and off-site
- Maximum independence; participation in community; more independent than licensed facilities

A Distinctive Solution

Temporary Interventions

- Uncertain length of stay
- Program requirements
- Community is impermanent
- Can reinforce dependency

Supportive Housing

- Permanent
- Independent living
- Belong to a community
- Personal responsibility for behavior and rent

Consistent Findings

Housing + Services Make a Difference

- More than 80% of supportive housing tenants are able to maintain housing for at least 12 months
- Most supportive housing tenants engage in services, even when participation is not a condition of tenancy
- Use of the most costly (and restrictive) services in homeless, health care, and criminal justice systems declines
- Nearly any combination of housing + services is more effective than services alone
- “Housing First” models with adequate support services can be effective for people who don’t meet conventional criteria for “housing readiness”

Supportive Housing is a Solution to Multiple Policy Problems



- In addition to increasing housing stability for people who are homeless, supportive housing is also a solution for:
 - Reducing incarceration rates for people with chronic health challenges
 - Improving family functioning and decreasing child welfare involvement
 - Promoting health, wellness, and access to recovery-oriented services and healthcare

Program and Financial Analysis

Purpose

- Roadmap – Component of 10-Year Plans
- Estimate the Need of PSH
- Determine Costs of Creating PSH
- Identify Resources for PSH
- Provide Concrete Recommendations for Implementation

Methodology

- Local Data
- Interviews with Key Informants
- Web research
- Using CSH tools and overlay of experience in other communities
- Stakeholder review process (what we are doing today)

Need for PSH – 1,358 Units

	Number Over the Course of a Year	Percent of Homeless Population	Percentage of Population Group that Needs PSH	Number of PSH Units Needed	Number of Existing PSH Units**	Annual Turnover Rate	PSH Units Available This Year	TOTAL PSH Units Needed
Single Individuals:	3,572	92%	36%	1,289	151		10.52	1,279
Single Adults:	3,561	91%	36%	1,287	151		10.52	1,276
Long-term Homeless:	821	21%	90%	739	52	5%	2.6	736
NOT Long-term Homeless:	2,740	70%	20%	548	99	8%	7.92	540
Unaccompanied Youth:	11	0.3%	20%	2	0	10%	0	2
Families with Children:	327	8%	25%	82	44	5%	2.2	80
TOTAL ESTIMATE:	3,899	100%	35%	1,371	195		12.72	1,358

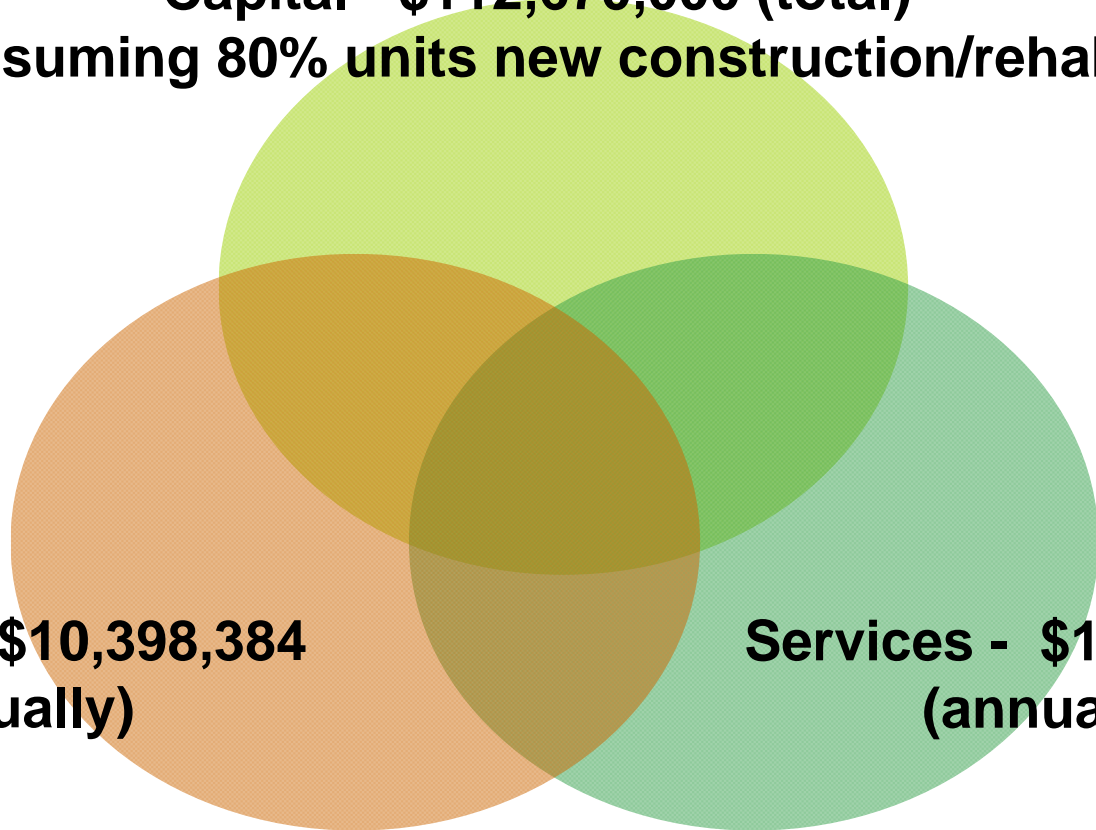
**From 2009 CoC Housing Inventory Chart

Cost of PSH

**Capital - \$112,670,000 (total)
(assuming 80% units new construction/rehab)**

**Operating - \$10,398,384
(annually)**

**Services - \$11,084,000
(annually)**



Capital Costs

Total and Per Unit Development Costs (By Production Strategy) in Current Dollars						
Production Strategy	Total #	Total Development Costs			Development Costs Per Unit	
		0 BR	3 BR	Total	0 BR	3 BR
Leased Units:	270	\$270,000	\$0	\$270,000	\$1,000	\$0
New Construction & Rehabilitation Units:	1088	\$100,800,000	\$11,600,000	\$112,400,000	\$100,000	\$145,000
TOTALS:	1358	\$101,070,000	\$11,600,000	\$112,670,000		

Operating Costs

Total Subsidies Required for All Units						
Production Strategy	# of Units			Fair Market Rate Rent		Total Subsidy Costs for All Units Annually
	Total	0 BR	3 BR	0 BR	3 BR	
Leased Units:	270	270	0	\$614	\$1,023	\$1,989,360
New Construction and Rehabilitation Units:	1088	1008	80	\$614	\$1,023	\$8,409,024
TOTALS:	1358	1,318	80	N/A	N/A	\$10,398,384

Services Costs

Supportive Service Costs by Intensity			
Targeted Tenancy	Number of PSH	Annual Cost per unit	Total Annual Cost
Single Adults and/or Youth:			
High Service Intensity	711	\$ 10,000	\$ 7,110,000
Medium service intensity	229	\$ 8,000	\$ 1,832,000
Low Service Intensity	338	\$ 4,000	\$ 1,352,000
Individuals average		\$ 7,333	
Families with Children			
High Service Intensity	10	\$ 15,000	\$ 150,000
Medium service intensity	30	\$ 12,000	\$ 360,000
Low Service Intensity	40	\$ 7,000	\$ 280,000
Families with Children Average		\$ 11,333	
TOTALS	1,358		\$ 11,084,000

Resource Identification

- The analysis is broad
- Encourages group to look beyond McKinney-Vento, and into other mainstream sources that are listed in the document
- Resources are usually committed, but that does not mean they cannot be leveraged into PSH
- Set asides, pilot projects, partnerships with clinical agencies an excellent way to go

Group Discussion

Help Us Help You

- Any other thoughts on Need, Costs, Resources?
- Overall thoughts of the Analysis?
 - Is it applicable?
 - What strengths are available in Omaha to carry it out?
 - What challenges exist?
- Name 2-3 things that need to happen to make this plan implementable.

Next Steps

- Presentation to MACCH Board
- Share with a few other stakeholders that could not be present today
- Finalize document
- Develop Funder's Council

Thank you!

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